

OFFICE OF PATENT  
REFUND REQUEST

# 2/ Reg for  
Refund

02-12-02

702 JAN 18 PM 3:07  
Attorney Docket: HOOV 117

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. PATENT & TRADEMARK  
OFFICE

In re Application of )  
Michael D. HOOVEN )  
Serial no: 10/015,868 )  
Filed: December 12, 2001 )  
For: TRANSMURAL ABLATION )  
DEVICE WITH THIN )  
ELECTRODES )

"Express Mail" Mailing Label No. EL 845497865  
Date of Deposit January 11, 2002

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.16 on the date indicated above and is addressed to: Commissioner for Patents, Washington, D.C. 20231.

Name. Yue X Ruan  
(typed or printed)

Signature Yue X Ruan

To: Refund Requests  
Commissioner for Patents  
Box 16  
Washington, D.C. 20231

REQUEST FOR REFUND

Dear Sir:

The above-identified application was filed on December 12, 2001 with a large entity filing fee being paid. The Applicant for this application is a Small Entity, and thus the fee should be reduced by one half.

Accordingly, it is requested that this fee now be refunded. Please credit our Deposit Account no. 50/1039 for the amount of \$370.00 representing one half of the large entity fee.

**Refund Request**

This request for refund is made for a fee that was paid in this application on December 12, 2001 in the amount of \$370.00.

**Fees Paid for Which Refund Requested**

	<u>Amount of Refund Requested</u>
<input checked="" type="checkbox"/> Filing Fee (small entity status)	<u>\$370.00</u>
<input type="checkbox"/> Surcharge for filing the basic filing fee on a date later than the filing date of the application	_____
and/or	
<input type="checkbox"/> Surcharge for filing the oath or declaration on a date later than the filing date of the application	_____
<input type="checkbox"/> Extension of Time	_____
<input type="checkbox"/> Issue Fee	_____
<input type="checkbox"/> Patent Maintenance Fee	_____
<input type="checkbox"/> First Maintenance Fee	_____
<input type="checkbox"/> Second Maintenance Fee	_____
<input type="checkbox"/> Third Maintenance Fee	_____
<input type="checkbox"/> Patent Maintenance Fee Surcharge	_____
<input type="checkbox"/> Other	_____
<b>TOTAL</b>	<b><u>\$370.00</u></b>

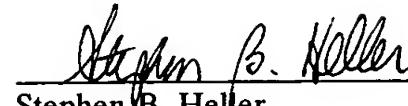
**Manner of Refund**

Please make refund by:

Crediting Deposit Account No. 50/1039  
 Refunding overpayment.

Respectfully submitted,

Date: January 11, 2002

  
\_\_\_\_\_  
Stephen B. Heller  
Registration No: 30,181

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